

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9804
Registrar's No. 1238

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Haw.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2438 Mahand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME VERNA MAY SHOULFAR
8. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Name of husband or wife Rev. Frank 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased May 19 1920 (Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Marion County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Book Box Lunch Co

12. Name John W. Schoenborn

13. Birthplace Marion County Kans. (City, town, or county) (State or foreign country)

14. Maiden name Sadie Bowman

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary A. Schoenborn

(b) Address 2438 Indiana

17. (a) Burial (b) Date thereof 3-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director H. Triggman

(b) Address N.E. 7 Mo.

19. (a) Mch 19 1940 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limit, write "RURAL")
(d) Street No. 2438 Mahand (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 3-18-40 year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from 12:05 P. to _____, 19____; that he last saw the deceased alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Lacerated wound of head

(Due to 173)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 3-18-40

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Manner of injury

23. Signature K.P. Mo (M. D. or other)

Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Francis Walton
working under my personal supervision.

Registered Apprentice No. 2744

Signed

Francis Walton
By J. H. Tiggeman

Licensed Embalmer No. 2744

P. O. Address A. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.